



*JPW*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTORSHIP ..... Matthew F. RUSSELL, et al.  
SERIAL NO. .... 10/609,299  
FILED ..... June 27, 2003  
EXAMINER ..... SPAHN, Gay  
ART UNIT ..... 3673  
CONFIRMATION NO. .... 8035  
ATTORNEY DOCKET NO. .... RU01-P11-2  
**TITLE: SUBTERRANEAN STRUCTURES AND METHODS FOR  
CONSTRUCTING SUBTERRANEAN STRUCTURES**

**PTO TRANSMITTAL LETTER AND CERTIFICATE OF MAILING**

To: Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

From: John S. Reid  
1926 South Valleyview Lane  
Spokane, WA 99212-0157  
Telephone: (509) 534-5789  
Fax: (509) 532-0351

Enclosed are:

1. Return Receipt Postcard
2. Check for \$60.00
3. Transmittal Letter and Certificate of Mailing (1 page)
4. Fee Transmittal Form X2
5. Response to Office action, including Request for Extension of Time under 37 CFR 1.136(a) (10 pages total)

Submitted by:

Date: September 30, 2005

By: *John S. Reid*

John S. Reid  
Reg. No. 36,369  
Attorney and agent for Applicants

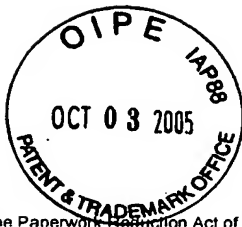
**CERTIFICATE OF MAILING**

I hereby certify the items listed above as enclosed are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to The Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 on the below-indicated date.

Date: September 30, 2005

By: *John S. Reid*

John S. Reid



PTO/SB/17 (12-04v2)  
Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60.00

### Complete if Known

Application Number	10/609,299
Filing Date	27 JUN. 2003
First Named Inventor	Matthew F. Russell
Examiner Name	SPAHN, Gay
Art Unit	3673
Attorney Docket No.	RU01-P11-2

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
- 20 or HP = _____	x _____	= _____		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for extension of time 37 CFR 1.136(a) - one month

Fees Paid (\$)

\$60.00

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,369	Telephone (509) 534-5789
Name (Print/Type)	John Reid		Date 30 SEPT. 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.